

PART B – FEE(S) TRANSMITTAL

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7590 04/04/2005

Stacey J. Longanecker
Roylance, Abrams, Berdo & Goodman, L.L.P.
Suite 600
1300 19th Street, N.W.
Washington, DC 20036

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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/853,037	05/11/2001	Michael D. Lock	40175	5096

TITLE OF INVENTION: SYSTEM FOR IDENTIFYING CLUSTERS IN SCATTER PLOTS USING SMOOTHED POLYGONS WITH OPTIMAL BOUNDARIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	07/05/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ALAVI, AMIR.	2621	382-168000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roylance, Abrams, Berdo & Goodman, L.L.P.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

05/11/2005 MBYEN02 00000195 09053037

(A) NAME OF ASSIGNEE

Becton Dickinson and Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Franklin Lakes, NJ

01 FC:1501

1400.00 0P

02 FC:1504

300.00 0P

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 18-2220 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date)

May 10, 2005

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